

Instructions: FORM 4 – Ingredients

If the responsible party holds all ingredient information, then that company will complete Sections A, B and C of this form. If the responsible party does not hold the ingredient information, this form will be completed by two companies: the responsible party (Section A), and the formulator (Sections B and C). One completed FORM 4 must be submitted to ARB for each product or product group.

Confidential Information (in the upper right corner of All Forms):

Check box if the information is confidential. This information will be handled as described on the Confidential Information Form.

Check (✓) if
Confidential ☐

Product Tracking # (in the upper left corner of Forms 3 and 4): For a product or product group, this number is identical to that assigned on FORM 3. See page 49 for more information on assigning product tracking numbers.

Product Tracking #: _____

A. PRODUCT NAME & RESPONSIBLE PARTY CONTACT

List the full product or product group name, as it appears on FORM 3. List the responsible party's company name, which was also listed in the first section of FORM 1.

B. FORMULATOR/INGREDIENT CONTACT

This information references the party that will complete Section C, the ingredients section. Enter the name, title, telephone number, fax number and email address and company of the person ARB should contact for clarification about ingredient information submitted. Finally sign and enter the date this form was completed.

C. INGREDIENTS: ROUND TO THE NEAREST 0.1 WEIGHT PERCENT.

This section is to be completed by the holder of the ingredient information, whether it is the responsible party or a formulator.

If multiple formulas were used during Calendar Year 2008, the most recent formula should be reported. If ingredients varied because they were supplied by different vendors, report the ingredients from the most representative vendor.

1. Specific Ingredient Table: If the product contains any of the compounds listed, enter the weight percent to the nearest 0.1% for each compound (Water, Camphor, AMP, Metallic Carbonates, Acetone, Completely Methylated Siloxanes, Methyl Acetate, Parachlorobenzotrifluoride, Ammonia, Methylene Chloride, Perchloroethylene, HFC-152a,

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HFC-134a, Polytetrafluoroethylene (PTFE), Compressed Air, Carbon Dioxide, Nitrogen (N₂), and Nitrous Oxide.

Subtotal: Solely to make the Total easier to calculate, subtotal the weight percent (Wt. %) as indicated (Section 1: % Subtotal).

2. Speciation Table: List all of the following ingredients that comprise at least 0.1 weight percent (Wt. %) of the product:

- Volatile Organic Compounds (VOCs) or Reactive Organic Compounds (ROCs) for Aerosol Coatings Products
- Low Vapor Pressure Volatile Organic Compounds (LVP-VOCs) listed in Attachment E, "LVP-VOCs to Report"
- Partial LVP-VOCs (hydrocarbon mixtures that contain LVPs)
- Hydrofluorocarbons (HFCs), hydrochlorofluorocarbons (HCFCs), halogenated ethers (HFEs), and chlorofluorocarbons (CFCs)
- Excluded compounds (per VOC definition)

Information required for each ingredient listed:

Chemical Name: Enter the generic or chemical name for the compound.

CAS Number: Enter the Chemical Abstract Service (CAS) number for the compound or mixture obtained from your supplier.

Weight Percent: Enter the weight percent of the ingredient, to the nearest 0.1%. If the ingredient is a mixture of known components, list the weight percentages of the individual components.

Note: If the product is sold as a concentrate, list the Wt. % as sold (undiluted).

Trade Name, Manufacturer, and Bin #: These columns are required only for hydrocarbon solvents. A list of hydrocarbon solvents, bin numbers and other information has been provided in Attachment F and Attachment G.

Trade Name: Manufacturer's ingredient name for the compound or mixture.

Manufacturer Name: Enter the name of the manufacturer for the compound or mixture.

Bin #: List the bin number for the compound or mixture. Please contact your ingredient supplier or manufacturer if you do not know the bin number.

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Instructions: FORM 4 – Ingredients (Continued)

More Lines needed? If there are **more than 11** speciated ingredients for this product, photocopy this table and continue to specify the compounds as shown. Attach the photocopy to this FORM 4 and enter a weight percent (Wt. %) subtotal from that page in the space indicated.

Grouped Totals (line-item entries at bottom of Box 2, Speciation Table) Enter the aggregated weight percent, as indicated, for those ingredients not listed on the “Specific Ingredient Table” or the “Speciation Table”:

Group VOCs that are each less than 0.1 Wt. %: Aggregate all VOC compounds for which each individual compound comprises less than 0.1 weight percent of the product. Enter total in the space indicated.

Group remaining organic compounds (Do not include VOCs, LVP-VOCs listed in Attachment E, or those listed left): Aggregate any remaining organic compounds, (those that individually comprise less than 0.1 Wt. % or any not included in the speciation table or specific ingredient table).

Group remaining inorganic compounds (not listed left): Aggregate other inorganic compounds (non-carbon containing) not included in the specific ingredient table.

For example, these compounds may include, but are not limited to, silica, clay, and hydrogen peroxide.

Group all fragrance: Aggregate all fragrance and enter the total in the space indicated.

Note: d-limonene, l-limonene, and pine oils must be speciated in the VOC speciation table above.

Section 2: % Subtotal: Sum the weight percentages for all ingredients listed in this table (including the line-items entries).

Total (Sections 1+2): Sum Subtotals 1 and 2, and enter the value in the Total box. **The Total must equal 100 percent.** If this value does not sum to 100, check the component percentages for errors.

- 3. Density (units) –OR– Specific Gravity:** For products filled by volume (e.g. fl. oz, gal.), provide either the density, indicating the units (pounds/gallon or grams/milliliter), or the specific gravity. *For density, use the abbreviations lb/gal or g/ml.*

Mailing

Return the completed survey to one of the addresses below.

Regular Mail:

California Air Resources Board
P.O. Box 2815
Sacramento, CA 95812
*Attn: SSD, Measures Development Section,
Consumer Products Survey Update*

Overnight Mail:

California EPA Headquarters Building
Air Resources Board
1001 I Street (6th Floor)
Sacramento, CA 95814
*Attn: SSD, Measures Development Section,
Consumer Products Survey Update*

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For questions about filling out this or other forms, please contact ARB @ (916) 322-7072 or csmrprod@arb.ca.gov